

State of Tennessee Board Of Probation And Parole FIELD SERVICES DIVISION



BIOPSYCHOSOCIAL ASSESSMENT

Instructions For Completing The Biopsychosocial Assessment Form

- The LS/CMI and/or other referral requests must be completed by the Probation Parole Officer.
- The Forensic Social Worker (FSW) will complete this assessment at intake, with the offender present to further evaluate his/her treatment needs.
- SPECIAL NOTE: The assessment must be completed every three (3) months following discharge from FSW Program.
- The offender may be referred for additional service domains at any time during supervision. The PPO or Board must initiate Referrals.
- The referral form must be <u>Typed</u> or <u>Printed</u> neatly (INK only) in its entirety.
- Online Entries: Save the form to a computer file. Print for the case file.

OFFENDER DEMOGRAPHIC / HOUSEHOLD INFORMATION

Offender's Name:							
	Last	First		Middle		Maiden	
		М	F				
TOMIS Number	Number Social Security Number		nder		rth: (mm/dd/yyyy)	Age	
Address	City		County Sta		State	Zip Code	
Offender's Telephone Number(s):	llama		Call/Magazara				
	Home		Cell/Message			Work	
Primary Language:	Supervision Type:				Veteran?	Y	Ν
Number of Adults in Home?	nber of Adults in Home? Number of Childre		Resides with		Children?	Y	Ν
C	OFFENDER EMERGEN			ORMATIO	N		
Emergency Contact's Name:	Last	Last		First		Middle	
Address	City		County		State	Zip Code	
Emergency Contact							
Telephone Number(s):	Home		Cell/Message		Work		
Relationship to Offender:		R	Resides with Emergency		Contact?	Y	Ν
	OFFENDER (CASE INFO	ORMATIO	N			
Defense IDe 4					Late La Da	4	
Referral Date:	Reason for Referral:			Intake Date:			
Open Re-open	opened LS/CMI Score: Start Time:		ne:	End Time:			
Probation/Parole Officer Nan	ne:]	Probation	Р	arole

	OFFENDER MEDICAL			
hysician Name:	Telephone Number:			
Address	City	State	Zip Code	
ledical Condition:	Ps			
Iedications:				
(CRITICAL TREATMEN Select All That Apply And Fill			
Antisocial Domains	HIV/AIDS	No High School/GED	Special Conditions	
A & D Abuse / Dependence	Homelessness	Pregnancy	SSI Recipient	
Batterers Intervention	IV Drug User	Previous ACRC	TennCare Recipient	
Child/Adult Protective Services	Medicaid Recipient	Private Insurance	Transitional Housing	
Domestic Violence	Medical Problems	Safety Net	Other:	
Employment Waiver	Medicare Recipient	Sex Offender	Other:	
Food Stamp Recipient	Medication Management	Single Parent	Other:	
	PRESENTING PI (As Reported by			
unlain the presinitating quante that lad t		Onendery		
xplain the precipitating events that led t	ne ohender to seek treatment.			

Explain the offender's present cognitive status.

ASSESSMENT of GENERAL RISK / NEED FACTORS

Explain general risk/need assessment based on LS/CMI domain scores.

SUBSTANCE ABUSE / DEPENDENCY HISTORY

Explain treatment history, last use, amount, frequency, IV use, and types of A & D and drug of choice.

Explain detoxify history, seizures, hallucinations, medical complications, history supporting behavior to suppress withdrawal.

Explain any family history of substance abuse or dependence.

BIO-MEDICAL CONDITIONS OR COMPLICATIONS

Explain current and past medical history.

Explain past and current eating patterns, meals missed, type and quantities of food eaten and eating disorder.

EMOTIONAL BEHAVIORAL CONDITIONS or COMPLICATIONS

Explain mental health and/or psychiatric conditions, psychological or emotional status, i.e. poor impulse control, changes in mental health status, suicidal and/or homicidal ideations, traumatic events or significant developments, i.e. recent major losses, history of current or past abuse or neglect.

Explain any family history of mental or psychological problems.

TREATMENT ACCEPTANCE/RESISTANCE

Explain motivation for treatment, acceptance, resistance, level of denial, rationalization, justification, blaming.

Explain if the offender objects to treatment, feels coerced, or is being compliant.

Explain the offender's motivation and readiness for change, i.e. strengths.

TREATMENT ACCEPTANCE/RESISTANCE (continued)

Explain any barriers to treatment.

SOCIAL ENVIRONMENT

Current Relationships – Explain parental roles, history of past relationships, sexual issues, impact of substance abuse on relationships, current relationships with family.

Employment History – Briefly list employers, dates employed, location, positions held, feelings about current employer, job related problems, impact of substance abuse on employment, future employment and or training / educational goals.

How Does Offender See His/Her Legal Situation – Past offenses, attorney, parole or probation, charges pending, court date, court order, legal mandate(s) for treatment.

Leisure Activity – Explain activities, interests, use of leisure time, impact of substance abuse on leisure activity, daily activity pattern, including those that support and those that are alternatives to dependence.

SOCIAL ENVIRONMENT (continued)

Cultural/Spiritual – Explain cultural influences on offender and their identity, values, beliefs, and spiritual orientation. What is the offender's religious preference?

ANGER MANAGEMENT / DOMESTIC VIOLENCE / BATTERERS

Have you ever been involved as a victim in domestic violence? If yes please explain.

Have you ever been in a relationship where you were afraid your partner would cause you physical harm? If yes please explain.

Have you been forced to have sex when you didn't want to? If yes please explain.

Have you ever witnessed domestic violence? If yes please explain.

ANGER MANAGEMENT / DOMESTIC VIOLENCE / BATTERERS (continued)

Have you ever been a perpetrator in domestic violence? If yes please explain.

Have you ever hit, slapped, strangled or otherwise physically harmed a partner? If yes please explain.

Have you ever been a victim of sexual assault, rape, harassment, or incest? If yes please explain.

Have you ever been a perpetrator of sexual assault, rape, harassment, or incest? If yes please explain.

RECOMMENDATION / REFERRAL SOURCE

Recommendation:

Referral Resource:

Forensic Social Worker's Signature: